



HAND DELIVERED
Due By April 24, 2009

11D#100034

08 FS-1

Rhode Island Ethics Commission

2008 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
09 APR 23 PM 12:17

Elizabeth H. Roberts
254 Norwood Avenue
Cranston, RI 02905-2712

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2008 THROUGH DECEMBER 31, 2008
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED,** and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2008 Yearly Financial Statement in the mail but believe you did not hold a public position in 2008 or 2009 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. ROBERTS ELIZABETH H.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 254 NORWOOD AVENUE CRANSTON 02905
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

LIEUTENANT GOVERNOR STATE OF RHODE ISLAND
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/7/06 I was appointed on _____ I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2008 or 2009 (Read instruction #4)

N/A

5. List the following: NAME OF SPOUSE
Thomas H. Roberts

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2008. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

| NAME OF FAMILY MEMBER EMPLOYED | NAME AND ADDRESS OF EMPLOYER OR OCCUPATION | DATES AND NATURE OF SERVICES RENDERED |
|--------------------------------|--|---------------------------------------|
| Thomas Roberts | RISD _ College St. - Providence | 1984 - Present - Professor |
| Elizabeth Roberts | State of Rhode Island | 2007 - Present - Lt. Governor |
| Kathleen Roberts | Belmont Market - Wakefield, RI | Summer 2008 |
| Kathleen Roberts | Avon Cinema - Providence, RI | Summer 2008 |
| Kathleen Roberts | Carleton College - Northfield, MN | Fall 2007 - Present |

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

| NAMES | NATURE OF INTEREST | ADDRESS OR DESCRIPTION |
|----------------|--------------------|-----------------------------------|
| Thomas Roberts | 1/2 Owner | 515 Ocean Road - Narragansett, RI |
| Thomas Roberts | Ltd. Partner | Woonsocket Village Association |

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: SEE ATTACHMENT A

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

| NAME OF FAMILY MEMBER | NAME AND ADDRESS OF BUSINESS | POSITION |
|-----------------------|--|----------|
| Elizabeth Roberts | Union Land & Management Co. Herndon, VA | Director |
| | FirstWorks Westminster St. - Providence, RI | Director |
| | Meeting Street School Providence, RI | Director |

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2008 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

NONE

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

SEE ATTACHMENT B

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2008 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

NOT KNOWN

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

NOT KNOWN

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

NOT APPLICABLE

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

NOT APPLICABLE

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

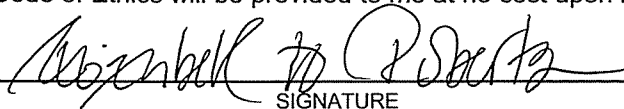
NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

NONE

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2008 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island
County of Providence


SIGNATURE

Subscribed and sworn to before me at Providence this 21 day of April 2009.

My Commission expires: 6/23/2010


SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

ATTACHMENT A

Name of Trust: Trust of Kathleen Roberts
**Name of Trustee
and Address:** Thomas Roberts
254 Norwood Avenue
Cranston, RI 02905

**Name of Family Member
Receiving Trust Income:** Kathleen Roberts
Assets: Mutual Funds

Name of Trust: Trust of Kathleen Roberts
**Name of Trustee
and Address:** Jennifer Howlett
413 N. Hemlock St.
Williamstown, MA

**Name of Family Member
Receiving Trust Income:** Kathleen Roberts
Assets: Stock

Name of Trust: Trust of Nora Roberts
**Name of Trustee
and Address:** Thomas Roberts
254 Norwood Avenue
Cranston, RI 02905

**Name of Family Member
Receiving Trust Income:** Nora Roberts
Assets: Mutual Funds

Name of Trust: Trust of Nora Roberts
**Name of Trustee
and Address:** Jennifer Howlett
413 N. Hemlock St.
Williamstown, MA

**Name of Family Member
Receiving Trust Income:** Nora Roberts
Assets: Stock

ATTACHMENT B

Elizabeth H. Roberts Owns:

Union Iron Company
Kinder Corporation

Thomas H. Roberts Owns:

Advanced Medical Optics
American Express Company
Amgen
Apple Computer
Archer Daniels Midland
Autozone
Bank of New York – Mellon Corp.
Dell
Dst Systems
Fiserv
FPL Group
Google, Inc.
HJ Heinz
Hershey
Ingersoll-Rand
Intel
IBM
Johnson & Johnson
Johnson Controls
Kimberly Clark
Lockheed Martin Corp.
Manpower, Inc.
McGraw-Hill
Morgan Stanley Dean Witter
Pepsi Co., Inc.
Procter & Gamble
Quest Diagnostics
Raytheon
Thermo Fisher Scientific
Thomas & Betts
United Technologies
Verizon Communications
Walt Disney Co.
3M Company

Thomas H. and Elizabeth H. Roberts Own:

Canadian National Rwy.

Cisco Systems

Conoco Phillips

First Marblehead Corp.

Harris Corp.

Nordstrom

GENERAL OFFICER ADDENDUM
TO 2008 FINANCIAL DISCLOSURE STATEMENT

If you are a statewide general officer (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2008. R.I. Gen. Laws § 36-14-17(b)(2).

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Kinder, LLC

Address: 11870 Mente Road
Manassas, VA

Description: Investment

- ☐ Not more than \$1,000
- ☒ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Citizens Bank

Address: One Citizens Plaza
Providence, RI

Description: Interest

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☒ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2008.

State of Rhode Island
County of Providence

Signed

Date

Elizabeth H. Roberts 4/21/09

Subscribed and sworn to before me at Providence

on the following date: April 21, 2009

My Commission Expires: 6/23/2010

Signature of Notary Public

(Attach additional sheets if necessary)

Continuation of General Office, Addendum to 2008 Yearly Financial Statement:

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Bank of NY - Phoenix Companies

Address: One Wall Street

New York, NY

Description: Dividends

☒ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: State of Rhode Island

Address: One Capitol Hill

Providence, RI

Description: Salary

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☒ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: John Hancock Investors

Address: c/o Mellon Trust
480 Washington Blvd.

Jersey City, NJ

Description: Dividends

☒ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

Continuation of General Office, Addendum to 2008 Yearly Financial Statement:

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Union Land & Management

Address: 481 Carlisle Drive

Herndon, VA 20170

Description: Family Business

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☒ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Conoco Phillips

Address: Houston, TX

Description: Sale of Stock

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☒ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Nordstrom

Address: Seattle, WA

Description: Sale of Stock

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☒ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

Continuation of General Officer Addendum to 2008 Yearly Financial Statement:

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Harris Corp.

Address: Melbourne, FL

Description: Sale of Stock

☐ Not more than \$1,000

☒ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: First Marblehead

Address: Boston, MA

Description: Sale of Stock

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☒ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Canadian National Railway

Address: Montreal, Quebec

Description: Sale of Stock

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☒ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

Continuation of General Officer Addendum to 2008 Yearly Financial Statement:

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Bank of America

Address: 100 North Tryon Street
Charlotte, NC

Description: Sale of Stock

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☒ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: _____

Address: _____

Description: _____

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: _____

Address: _____

Description: _____

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000